

227413

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

*Request to suspend  
class C Taxi Authority*

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ORS  
T.T.W.W.W

DOCKET

NUMBER: 2009-264-T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Dana Doe

Telephone: (843) 902-4326

Address: 1011 T. W. W. Way

Fax: \_\_\_\_\_

MB, SC 29588

Other: \_\_\_\_\_

Email: \_\_\_\_\_

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application - Class C Non-Emergency  | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Reservation Letter                            |
| <input checked="" type="checkbox"/> Request for Suspension  | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Name Change on Certificate   | <input type="checkbox"/> Other: _____                                  |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

**REQUEST FOR SUSPENSION FORM (ORS Rev 3-2-10)**

<b>File the original with:</b>  <b>Public Service Commission of South Carolina</b> <b>Clerk's Office</b> <b>Motor Carrier Matters</b> <b>P.O. Box 11649</b> <b>Columbia, S.C. 29211</b> <b>(803) 896 - 5100</b> <b>FAX (803) 896-5199</b>	<b>Mail or fax a copy to:</b>  <b>S.C. Office of Regulatory Staff</b> <b>Transportation Department</b> <b>1401 Main Street, Suite 900</b> <b>Columbia, S.C. 29201</b> <b>(803) 737-0578</b> <b>FAX (803) 737-0815</b>
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DATE: 12/22/10

Please consider this as my Request for *Suspension* of:

- ☒ Class C Taxi Certificate Number 8135
- ☐ Class C Charter Certificate Number \_\_\_\_\_
- ☐ Class C Charter Bus Certificate Number \_\_\_\_\_
- ☐ Non-Emergency Certificate Number \_\_\_\_\_
- ☐ Class E Household Goods Certificate Number \_\_\_\_\_
- ☐ Class E Hazardous Wastes Certificate Number \_\_\_\_\_

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ORS  
T.T.W.W/W

I request that my certificate be suspended until 10/30/11  
 Date: (XX/XX/XXXX)

<u>Dase Bath</u> (Name of Company)	D/B/A <u>Palmetto Cab</u> (If applicable)
<u>1644 Tibbon Circle</u> (Street and or Mailing Address)	<u>Myrtle Beach, SC 29588</u> (City, State, Zip Code)
<u>(843) 902-4326</u> (Telephone Number)	 (Signature and Title, i.e, President, Owner)

**Pursuant to Regulation 103-164 applications are to state clearly and concisely the justification for the proposed suspension of service.**

**Reason for Request for Suspension of Operations:**

Due to business is very slow.

no work

\_\_\_\_\_

\_\_\_\_\_

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CLERK